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Disguised Intermittent Fevers

by

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of New Jersey.

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Lungue ipse minima vici,
Et pars fuit.

Virg. Aen. lib. II.

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Disguised Intermittent Fevers.

The anomalous diseases under which Intermittent Fevers sometimes present itself constitute our present subject.

The considerations which have led me to this selection are briefly these. However common and familiar the regular forms of Intermittents may be, they do at times assume forms of every variety and description and under which the physician may find it extremely difficult to recognize them. In this circumstance, too little attention appears to me to have been paid by the generality of practitioners and we have reason to believe that mistakes, involving serious consequences, have sometimes arisen. The books in which the subject is most thoroughly treated are accessible to but few, and those works, which are most generally read, seem, with one or two recent exceptions, to pass it by in silence. To direct attention to this interesting and important point and to endeavor to throw upon it the public sunlight of my own humble knowledge is now my aim.

The district of country in which I reside was for a long time remarkable for its uninterrupted salubrity. During the last four or five

years however it has suffered under the scourge of Intermittent Fevers, and only few of the inhabitants of Kenton have escaped its powerful influence. During the latter portion of this period, it has evinced a very remarkable tendency to disguise itself in the part of other diseases, assuming many of their most prominent features and giving to them its own characteristics of paroxysm and intermission. Thus situated, no inconsiderable opportunity has been afforded me of becoming acquainted with the disease in question, both in its normal shape and in many of its anomalous irregularities. But I should do injustice to my own feelings, did I omit to mention with due veneration the name of Dr. Bellini, in an whose auspices I have directed my studies and to whom I am indebted for the greater portion of whatever knowledge I may have on this or on other medical subjects. Well known as he is and commanding, by his acquirements and skills, the respect and friendship of some of the most eminent of the profession, I may still be permitted to render him the obligation of a grateful pupil. Such sources as these, with the few books to which I have had access, afford me the substance of my essay.

In prosecuting my enquiries, I shall trace very closely the features of the regular form of Intermitteus — designating some of the diversified

phenomena of *disposita* *Intermittent* — and also with some general remarks — introduced, throughout the investigation, histories of interesting cases for the purpose of both example and illustration.

The name of *Intermittent* Fever is given to that genus, which presents a regular succession of paroxysms separated by a complete intermission, denominated *apoplexia*. The phenomena of alternate paroxysms and intermissions have afforded ground for much speculation, and offer difficulties to their explanation not yet surmounted. Shall we attribute it to the influence of the planets? The present enlightened state of knowledge discards at once such an idea. Shall we say that a certain degree of violence will expend itself sooner or later, and that a greater or less degree will recur on earlier or more remote repetition of the attack? Some colour for such an opinion might perhaps be drawn from a consideration of the species termed *Recurrent*. It might perhaps be said that the system requires a longer period of repose from the stimulus impression made by this species, before becoming susceptible of a new attack. But the history of the other species will not support such an opinion. For we should expect then to find the impression upon the system diminish in direct ratio to the frequency of

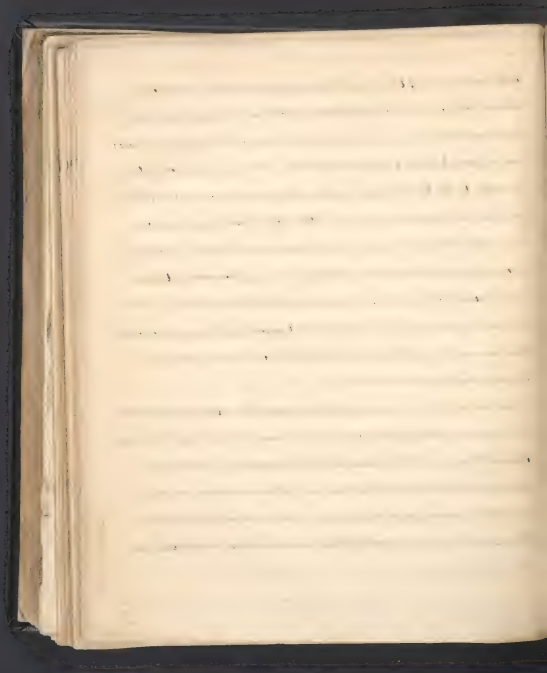
the paroxysms. But this is not the fact. On the contrary, the Quotidian, though more obstinate than the Tertian, is less so than the Quartan. Nor can the reverse of this proposition be sustained, namely, that a deeper impression will induce an earlier return, for the same difficulty is presented of the irregularity in the production of violence.

The specific division of Intermissions, or generally made, depends upon the time that elapses between the commencement of one paroxysm and that of the succeeding, which, ~~either~~ includes either twenty-four hours, forty-eight hours or seventy-two hours, affords the names Quotidian, Tertian, Quartan. This period has the name of Interval, while that between the paroxysms, or from the end of one to the beginning of another is called Intermission. By some, the Interval has been extended to a greater number of days, to one month, two months, even to years. Hence the terms, Intermissiones Septuas, Mensuales, Bimestrales and annuae. And I have never seen nor do I think them likely to exist. That, after a remission of the disease, there may be a return of it on the very day which would end a period of one, two or three months or as many years, will not surely be denied; but such a return should be considered an entirely new attack rather than a second paroxysm of the same disease. Intermissiones still longer, we must

with

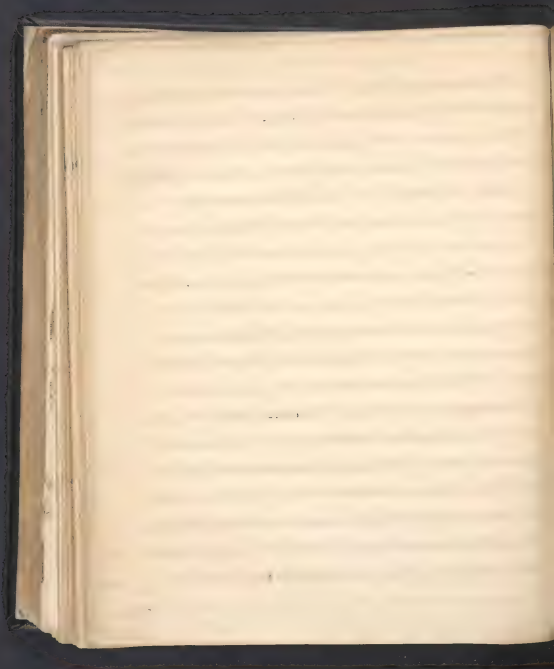
with various complications of these species, as the double Festiva,
double Dentata and Triple Dentata. Again a distinction has been
made into vernal and autumnal, and to each of these seasons a speci-
c season has been appropriated, or the Festiva to Spring and the
Dentata to the Autumnal months. As for however, as my own obser-
vations have enabled me to judge, this does not obtain, the Festiva
being by far the most common in all seasons, the Dentata next in
frequency and the Dentata extremely rare. The Festiva likewise
most frequently comes on in the morning, the Dentata at noon, and the
Dentata too and night. In a Hæmorrhagic disposition, however, it is suffi-
cient merely to refer to the nomenclature of Dr Ford, who has passed the
distinctions with comparative exactness.

As the most usual cause of Intermittent Fevers, March miasmata
have generally been ascribed, yet as it has occurred where it would be very
difficult to be ascribed to this cause, not to the conclusion of a poor meagre
diet; fatigue; exposure to the extreme heat of the sun; sleeping in damp
beds, clothes or rooms; grief; debility &c. The irritation produced by
these upon the mucous surface of the alimentary canal constitutes the
prevalent cause.



Each paroxysm of an Intermittent Fever is divided into three stages denominated the Cold, the Hot and the Sweating. According to the force, while the Deviation has the longest duration, it has the shortest cold stage, even where the Quarta has the shortest duration, it has the longest cold stage. The cold stage commences with loss of strength, coldness of the hands, chilliness, soreness of the limbs, lividness of the lips and nose. The sense of chilliness increases; there is pain in the back of the head, coldness of the spine and in the joints; violent and irresistible rigors come on; the skin is contracted and presents the appearance of a shagreened surface; even external heat is diminished or lost, while the blood rushes inward and is concentrated in the great viscera. The pulse is quick, but small; respiration hurried and laborious; mucus almost colorless; the ideas confused and indistinct. This state of things having continued for a short time, a reaction commences and a new order of phenomena arises. The blood, leaving its normal abode, begins to return to the surface through its accustomed channels, but with a much increased force; an increased flow soon increases to a high degree of heat, pervading the whole surface; the face is flushed; the veins hypercoloured; the pulse strong and active. A period of from three to eight or ten

hours



hours having elapsed under these circumstances, the third stage is sent
to other itself. The heat abates; the pulse gradually returns to its natural
condition; the urine deposits a copious sediment; while a gentle
moisture first begets the forehead; soon the general surface exhibits a
similar appearance; but is finally a general and perfect perspiration
terminates the paroxysm. During the intermission, the patient frequent-
ly remains weak, but often regains nearly his usual health.

In forming a Prognosis, we may consider as favorable circumstances
a late return of the paroxysm, a copious deposit in the urine, and
a free approach to health in the intermission. While on the other hand,
the paroxysm severe and lasting with some convulsions, and the
effusion short and unaccompanied with a dangerous tendency.

With regard to the treatment of Intermittent Fever, it arises itself
into two general indications: 1st To diminish the duration of the paroxysm
and mitigate its violence, thus preparing the way 2^d To inhibit such
recurrence as it can, by its impression on the system, prevent the recurrence
of the paroxysm. Where the attack has been moderate, with little or no
cerebral or gastric disturbance, and where nature has herself kindly
induced profuse copious perspiration, I have sometimes succeeded at once in



The Interim piece to the use of Trunks. But as a general rule the apothecary should be prepared for them by proper education, as thereby visceral obstructions and other unfortunate sequelae of the disease will more probably be prevented. The value of the following formula, as given by one of Dr. Bell's pupils, has been attested by the experience of many years:—

R. Nitro: Potass: $\mathcal{R}i$

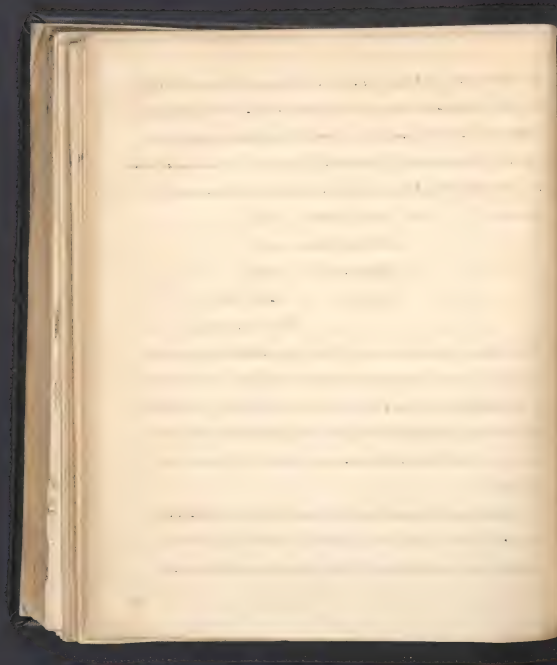
Kp. Kite: Ostaf: Ji
 Antim: Datar: ze V
 Baccaron: ze Xy
 Magnes: Zp. Mo.

Front chart: xij.

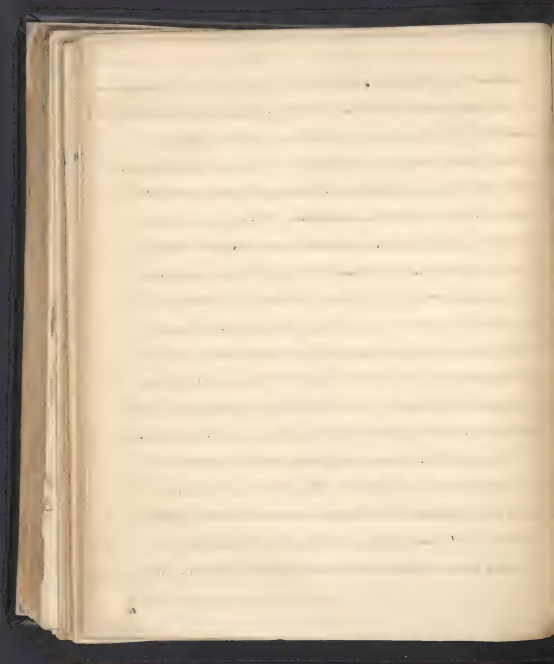
One of these powders given every three or four picadas pretty often
omitting. Three of them divide into four with four grains of colomel
in each, onto powder as before with thoroughly warm water to dissolve. Again
if constipation is wished, the half of one these powders in a little water
will for a twelve drops of the cream of tartar will answer our
purposes.

The paroxysm being ended, it is proper to commence the relief :
:mers of the system in order as speedily as possible. In this, though
different from the opinion of Bellini, the experiments of Home are

the



the directions of Juss and allibert concern. Under this head is comprised
an immense variety of articles: Sulphate of Copper, allum, Bicarbonate,
Acetate of Lead, Specacchar, Turpentine, Black and Gayenne
Pepper, Spicery's Balm and various bitter and adstringent herbs and roots.
The Sulphate of Zinc, a favourite remedy of Professor Linné of Ups
Haven, I have known to be very successful. The liquor of the Oxidate
of Potash or Fowler's Solution is perhaps next only to the Peruvian
Bark, may its composition be adapted or ay, with the most, claim
for it as equal rank. But it is upon the Bark alone that our almost
unswerving confidence may repose. Introduced into Europe
rather earlier than the middle of the seventeenth century, it was,
from several causes, for a long time rejected upon the uncertain waves
of professional controversy. To the illustrious Sydenham, the merit
seems to be wanting of formulating the correct rules for its administration.
and thus exhibit its preeminent efficacy. Nor has it stopped here.
The investigative skills of Modern Chemistry has extracted from the
mass of its constituents that peculiar principle in which its efficiency
resides. In the disease under consideration, the Sulphate of
Quinine forms an efficient and almost unfailing remedy. seldom



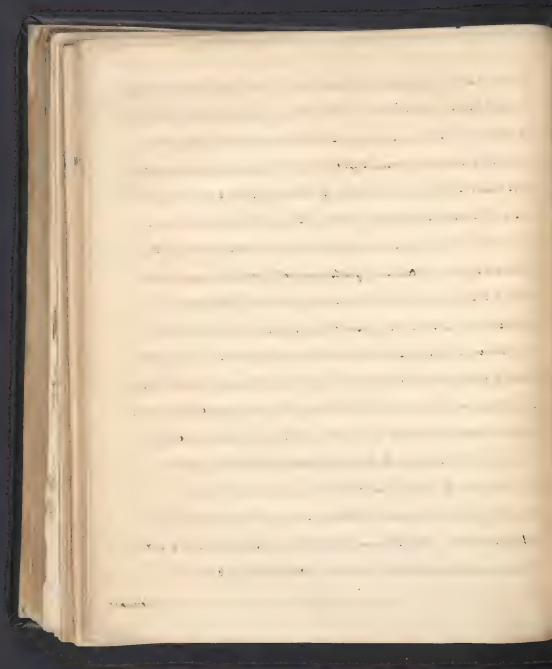
if ever, has the confidence I repose in it been from disappointed
or misplaces. Complaints indeed have sometimes been heard of
its failure, but an inquiry into the circumstances of the case
generally discovers some deficiency in the quantity taken, or in-
regularity in the mode and time of taking it. Of this more hereafter.

As in the case of the crude Bark — indeed the rules governing
the use of both articles are nearly the same — evacuations of the
elementary canal under a perfectly apyretic condition are almost
indispensable to the beneficial operation of the remedy.

It is true, the reports of some practitioners are favorable to its use
even during the puerperium. But on this point, although the respect-
ability of the authorities forbids a condemnation of the practice, yet
an opinion so much at variance with our theoretical notions and prac-
tical observation, should be received not without cautious scrutiny.

The conditions alluded to being premised, the medicine may be op-
erated either in solution or in the form of pills. Of the former,
consisting of twelve grains dissolved in about ten ounces of water,
a tea-spoonful every hour — and of the latter made into
twelve or eight pills, a pill every hour constitutes the dose. This

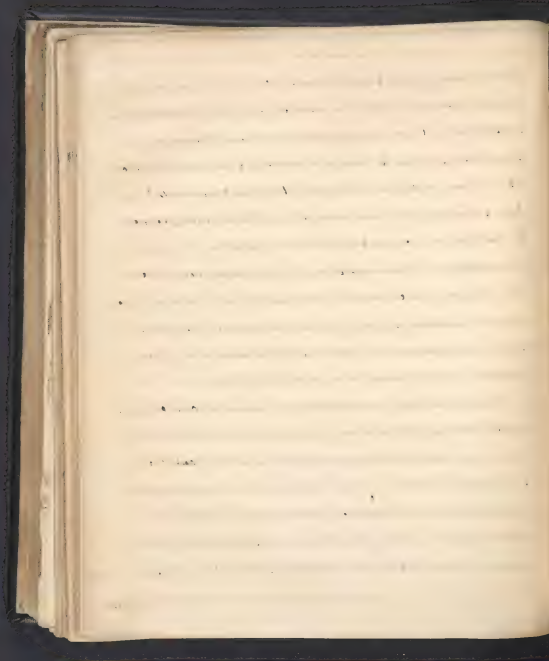
formula



formula may however be varied according to circumstances. The im-
provement may more speedily be made by giving two grains every hour,
and on the other hand, where from some peculiarity the usual mode
of opium gives rise to a sense of constriction in the head or chest, as
I have known it do, it will be proper to extend the intervals to an
hour and a half, two hours or even longer. The sensation produced
in the head is described by the patient as resembling the pressure
of a tight morning. Tightness and a sense of stricture across the chest
were invariably produced in the case of a lady of my acquaintance
unless the medicine was very gradually introduced. But with due
attention, it is susceptible of almost universal application and its
operation is always prompt, decided and beneficial.

Having thus slightly sketched the more prominent and charac-
teristic features of the ordinary form of Intermittent Fever, it next
becomes my business to display some of the multiplied and peculiar
manifestations which it may take. Although the Ancients were un-
doubtedly aware of the existence of certain irregular intermitting
sympoms, yet their ideas seem to have been but ill-digested. It was
reserved for Morton, Boerhaave, Celsus, Sydenham, Haller, to mould into

system



system and certainly the others obscure the latter distinctive phenomena of the disease. Its more recent recrudescence of late years seems to demand a fresh acquaintance with it, in order to call for more particular attention to it.

In pursuing the subject, let us follow Knapton's of relative cases, & let him present the peculiarities all and to, together with the plan of treatment adopted; considering that to be the most correct and practically useful; method of communicating information. These cases have occurred principally in very extensive practice of Dr. Bellville and from him I received them with permission to relate them here - some I have come under my own observation - and one at least will be extracted from Johann's Medico-Chirurgical Review, an English periodical of no common merit.

The 1st Case I select present is that of a lady in the family of Major T—. The patient was attacked so early with anæmiasis, that is, symptoms of anæmia, anxiety, difficulty of respiration. The usual remeial process in such cases was resorted to, as venesection and a blister to the chest, advantage with advantage for the disease went off. On the third day, however, the same symptoms made their ap-

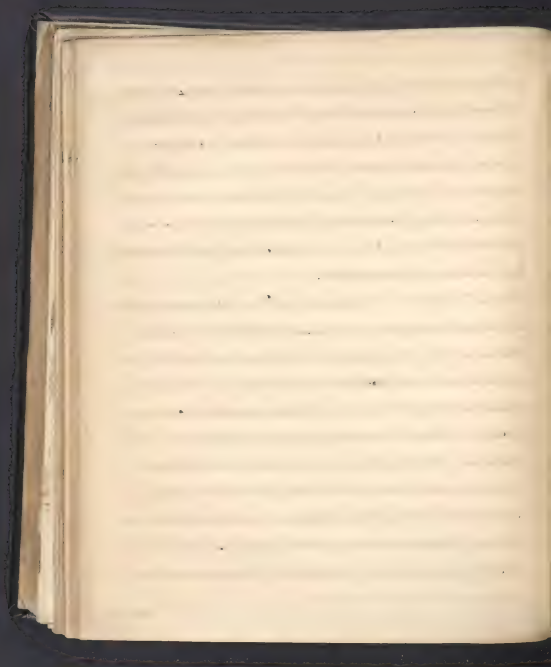
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appearance and a similar paroxysm, palliated by the same means,
at length ceased in a similar way. This being one of the first cases of
the kind Dr. Bellenden had met with, his attention was particularly
arrested by these phenomena. The paroxysmal tendency of the dis-
ease, however, producing in his mind the conviction that it was only
an irregular form of Intermittent, he proceeded to attack it with
the bark (the Quinine had not yet been discovered) and the patient
had no return of the complaint.

Case 2nd Mr. B. — a clergyman of F. — had suffered many
a most intolerable pain at the very extremity of his penis, which,
recurring every day at a certain hour, left the intermediate time free
from annoyance. He had applied to some medical men, who, not suffi-
ciently attentive to the history of the case, suspected a calculous
affection and wished to introduce instruments for the purpose of ex-
amination. Yet an opinion of course produced no benefit and
the patient visited Trenton. The history of the symptoms left no
room to doubt as to the nature of the case and, notwithstanding the
suspense of the patient as to a remedy just now pain and dis-
comfort of rank, the bark effected a complete cure. The same phenomena

recurring,



occuring a year or two subsequent to this, he spontaneously recurred
to the same remedy and was promptly relieved.

Case 3rd. This was the case of Mr. H. — by trade a baker. He
had suffered not long before from an attack of common Intermittent.
While yet debilitated from the effects of his late disease, he engaged
: clearly reluctant to quit his trade, to meet some large demands in
his business. In consequence he was attacked with very violent
symptoms of pain in the side, dry, hot and rough and difficult res-
: piration. The treatment adopted to such symptoms was of course
justly indicated. He got better and the next day appeared as
well as might have been expected, but a renewal of his sufferings
on the third day fully established the character of his disease
and the bark was prescribed to be given as soon as the paroxysm
should subside. When the menial offices of the nurse are kept
in due subordination, they are both necessary and soothing, but
too often are they extended to a degree of interference becoming
the brutality and detrimental to the patient. So was it in this
case. An old woman put the question; "Who ever I heard of back
in a short breath?" Her importunate ignorance prevailed over the

signations



injunctions of the physician. - The bath was neglected - and the third paroxysm put a period to his existence.

Case 4th - That of a nephew of the individual just mentioned, resembled in its character the last but had a more protracted term of life. Profiting by the melancholy warning conveyed in the fate of his relative, he obeyed the directions of his medical attendant and was rewarded by a speedy cure.

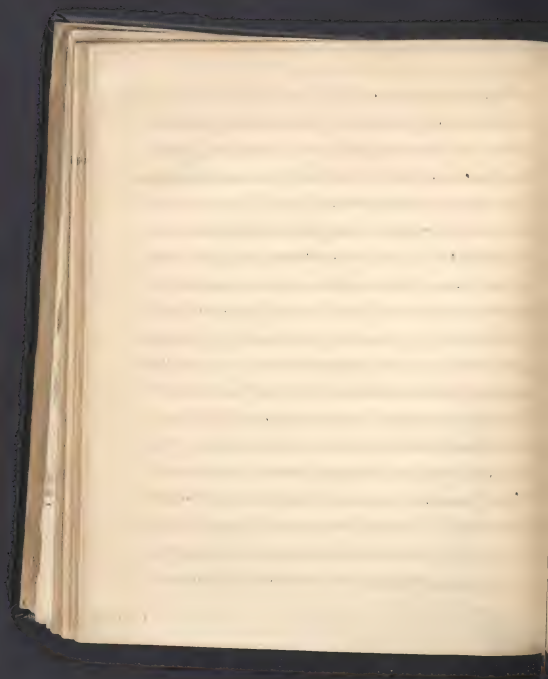
Case 5th A person named N. - applied to the Belleville with the following statement. Every day for some time past, there came on a very terrible pain full of singultus, which would last for a short time and cease. He had tried various domestic remedies but with no advantage. The paroxysms increased both in violence and duration until nearly the whole day was passed in severe and irrepressible singultus. With so violent a dyspnoea, the bath was of course, prescribed and, after some unwillingness on the part of the patient arising from the apparent inutility of the remedy to the symptoms, was taken with the usual prompt relief.

Case 6th is one of some interest as showing that sometimes auxiliary measures are to be resorted to. Mr. G. - had suffered for some time



with a criminal recurrence of a most acute pain occupying a circum-
scribed space upon one temple. It commenced about midnight,
lasted him the whole day and left him with the setting of the sun.
The physician, who had attended him, I do plentifully but for some
reason unavailingly, administered the bark. The case was indeed
an extraordinary one for the remedy, most to be depended on, had
proved feeble in a case which seemed to have lost its efficacy. It was deter-
mined to pursue the following plan: a blister was applied to the
affected part and a large cure of Calomel was left with directions
that it should be taken three or four times before the period of the anti-
spasmodic attack. The next visit of the Doctor was made with no little
anxiety for the result of the plan, but he had the satisfaction to
learn that his patient had escaped the expected fit. The same
means were directed as a prophylactic against a second attack,
which did not occur, and the curative took its final departure.

Case 7th presents an example of the cephalalgic form of disordered
Intermittent. The dyscrasia commenced with the usual chillish
rigors due to the operation of a most intense and obstinate head-
ache so severe as to force from the patient both loud and continued



complaints and were hastened by a recumbent posture. The state of reaction gradually subsided and the sweating ended by sweat. I do not know the particulars of the treatment in this case, but it was finally relieved by the exhibition of the sulphate of Quinine.

8th The next case I shall relate is that of Dr. Rockwell himself and exhibits the disease under a rheumatic disposition. Towards evening on the afternoon preceding day, a most acutely painful fever struck in one of the ankle joints, increasing in severity for two or three hours, then gradually subsiding as it subsided leaving him in usual health till the next period. It is almost needless to add that the appropriate was employed and with entire success.

Case 9th The Doctor was called to consult with the attending physician upon the case of Mrs. H — and found the following condition of things. The patient had laboured for some time under a regularly intermitting Cholera morbus. Every day the paroxysms of purging and vomiting came on, not leaving sufficient intermission for effecting a remedial impression and the bark which her physician had perse-
:sively given was invariably rejected before it could produce its effect. Such a state of things must evidently be promptly changed for the better



but the more skillful nurses seemed unlikely to effect it. An anodyne was therefore ordered - time was gained - the pain now began to be effective - the paroxysm decreased in depth and violence and finally left her.

Case 10th offers a still more complicated and malignant variety of the disease. Miss A. — experienced about nine o'clock in the morning a slight indisposition consisting of nausea, distress and general embarrassment, which, after a little while, subsided and left her tolerably well. The next day about one o'clock a paroxysm of Intermittent Fever presented itself and passed through its course, but with localities at times with perfect regularity. The stomach and bowels were pretty thoroughly cleansed and the paroxysm ceased, but not until so late at night, that it was thought expedient to leave the patient to her rest and defer the repetition of the Quinine till the next morning. The next morning, however, presented a train of symptoms equally unexpected and alarming. About the same hour as on the second day preceding, a most distressing nausea came on, increasing to a deadly extremity - prostration - horrible ~~paroxysms~~ ~~anxiety~~ - ineffectual vomiting - the complexion ghastly -



eyes wild - features contracted and sharp - most severely the
Hippocratic countenance - in short all the symptoms of acute gastric
inflammation. The case was urgent and the indication evidently
to calm the excessive irritation and disturbance of the system. As it
was plain that nothing could be retained by the stomach, recourse was
had to enema. Sixty drops of laudanum in some water were direct-
ed for an injection, to be repeated if necessary, and warm fomenta-
tions to the region of the stomach. The method was successful - the
alarm subsided and gave place to returning quiet and the fever coming on
was at first succeeded by the sweating stage. The first moment of
intermission was eagerly seized for giving the Sulfate of Quinine and
our patient reinstated in his health. In this case we
exhibited two distinct varieties, for not only was it a double fever
the alternate series corresponding to each other, but one of these series
was in a disguised form.

Case 11th. The next and last case is extracted from the foreign work
before mentioned of September 1824. The patient was on a Saturday
evening of some slight febrile movement which he attributed to exposure
the night before. The next day the next day by no means well, he had no fever.

On Monday



On Monday — but it is a dyspepsia and so will not tell
his own case. On Monday, June 28th better — evening continued —
dismal dreams and phantasies — nothing better, yet not as often as
yesterday. Tuesday 29th got up as usual, but with a disturbance of
recollection of mind and instability of temper. At 4 P.M. a rigor came
on for an hour and a half succeeded by great fever. In the throat
horrible images. In the evening (28th) — (acceded to the fever) — night 28th.
Wednesday 30th Better — but mind capricious and full of images.
Thursday July 1st mind perturbed & excited as already. July 2nd 30th Obvi-
ous — for your mind and fevered — At 3 P.M. came on very severe rigor
lasting for three quarters of an hour, succeeded by a most tremendous
reaction — heat mounted & steadily up — pulse 136 — intellectual suffer-
ing excessive. Although broad awake and perfectly sensible, there
was a rapid succession of the most terrific images. Although my last
day to come. In more than one of my waking dreams, I conceived
that I was lying on my face in a dissecting room while two ana-
tomists were opening my head and spine and dissecting out the
map of disease which the facts recorded. The horrors of that
evening can never be forgotten. The images now anticipated throughout



were invariably of a cephalothorax - Jones, skeleton, hybrid bodies and
pearl species were even the prominent figures in the opening drama.
This decided but stops, gave way to a most profuse description which
lasted the greater part of the night. Next morning Friday 8th Dec. 1850
became more natural. I now began to expect a better intermission.
We determined to wait and see if there would be another of the paragon
before taking the bed. Saturday 9th cold stage came on at 2 o'clock
but stage similar to that of the day - sweating stage was off in the
night. I give it to say that satisfaction was as to the nature of
his disease, he commenced actively taking the sulphate of
"Mercurius" and succeeded in removing his malady.

In reviewing the history of disguised Intermetecosis, there
are several points which arrest peculiar attention. Their unusual
irregularity; the increasing degree of malignity they assume; the
various and unexpected marks they bear, simulating the features of
almost every disease; the apparent incompatibility of the symptoms
with the remedial means employed, are features which deserve our
demand the most careful scrutiny.

The cases I have recounted are but so many from a large number

What



that might be offered, embracing nearly the whole catalogue of diseases. Sometimes the simulated affection occupies the entire action of the System, without any of the usual symptoms of the latter - sometimes it is nearly smothered by sweat - often it is in strokes of one of it. There are a dozen or more commonly of the color, the others following in natural order. We have seen it almost every where in the surprise excited by the apparent instability of the medicine to the malady, carried in our vision, to fatal extremes. We have seen cephalalgia, dyspnoea, cholera, rheumatism, epilepsy, delirium and many others equally distinct, all treated and cured by the same medicinal process. How readily then might a practitioner be deceived or misapprehend to lead into an error reputation, injuries and even fatal! Hence to be most properly be declared the general practical rule, wherever there is any way to reject a concentration on a misapprehension, whatever may be the symptoms present, always to suspect the wisdom of Istambul and then - to regard the apparent symptoms as of but secondary importance - and without delay to employ that medicine which direct the continuation or return of the disease.

Done



Some general remarks, which I have purposely reserved till now, as being equally applicable to the common, and the diseased Intermittent, will bring this essay to a conclusion.

I. I have somewhere met with the idea, and I think it a good one, that the term *febrifuge* is inappropriate when applied to the bark, at least in the disease under consideration. Of by that term, I mean, we understand and something that will put a stop to fever, it certainly does not seem to express the operation of the bark. Exhibited during the progress of fever, this is almost invariably pernicious. But to attempt a cure of morbid symptoms, whose character is periodically, and it is curious what are those symptoms if they have that character the bark is found, as invariably, applicable and efficient.

The term *anti-periodical* would therefore seem more in accordance with its medicinal properties, at least here.

II. The rule will generally be found a good one to commence the exhibition of the bark as soon as possible after the cessation of the paroxysm. It is so founded by Brown, as the result of his own "Clinical Experiments" - is confirmed by Boerhaave & Alibert - and I think I have witnessed its validity in the cases which have come

before



before me. When given nearer the exceeding procyon, the bark
will scarcely prevent it and most frequently aggravate it, though
in effect will be introduced before the next.

III. But how can still let us say how successful is preventing
the immediate return of the paroxysm, there will be in almost
every instance, unless we do against, a renewal of the attack
on some day more or less remote. This day has been variously stated
to be the 5th 7th 9th day, but my own observation leads me to the
opinion that a hot prodromic period is most frequently followed, the
attacks recurring on the 7th 14th or 21st day. In my own case, where
I purposely omitted previous antivenereal treatment, it returned at two
successive times, precisely on the twenty first day. From this
very circumstance the consequences of the bark and its principles
have suffered no little distance among the generality of patients, who
are ignorant of the peculiarities of the disease. They seek a
medicine that will at once root it out and disappointed of success
attribute a new attack, which is either the fruit of their own negli-
gence, to the ineffectuality of the remedy or the incapacity of the
physician. An exemption from the renewed attack will be found



only and with tolerable certainty is a rigid adherence to certain prophylactic rules.

As the anti-periodic effect of the bark seems after a while to subside, giving room for the operation of the malarial cause, it becomes necessary to sustain this effect by repeating the medicine at certain intervals and, the inter-mittent period having been stated to be the most secure of its recurrence, the fifth, twelfth and nineteenth days become the proper ones for the repeating dose. About half an ounce of the emetic bark or six grains of the Sulphate of Quinine, taken on these days will generally carry the patient beyond the third period, when he may be considered as cured.

An avoidance of the exciting causes should also be enjoined, which would be best attained by a change of residence. This, however, not being always convenient or even possible, the next care is to obviate as far as is in our power the malarial influence. Exposure to the excessive heat of the meridian sun or to the heavy dew of the night, is to be carefully guarded against, the latter by a moderate covering of clothing in the evening - the house should not be opened, or that side which looks towards the miasmatic source, till some of the earlier

part of the morning has elapsed - we should then direct the
house too early, before the dew has been dispersed, or with an empty
stomach. An error may here be corrected which is too common
and too often sanctioned even by medical authority. The use
of such stimulants as wine, spirits &c. with a view of "living above
the disease" as it is called, should be abandoned, both on account
of the pernicious habit it may induce and because it actually
leaves the system in a state of greater susceptibility.

I have now performed the task I set before myself in the
beginning and shall, in addition, merely remark, that, when a
disease so common and apparently so easily managed may be
suddenly converted into one so afflictive to the patient, so alarming
to surrounding friends and so unexpected and vexatious to the
unwary practitioner, there is an increased demand upon the
physician for all his attention, all his intelligence and all his
skill.

Handwritten text, mostly illegible due to fading and bleed-through. The text appears to be a letter or a formal document, possibly dated 1840. The handwriting is cursive and somewhat faded. There are some large, dark stains on the page, particularly in the center and towards the bottom. The text is written on a single sheet of paper, which is slightly aged and discolored. The overall appearance is that of an old, handwritten document.